

**Texas Higher Education Coordinating Board
Carl D. Perkins Basic Grant Program
2024-2025
Application Cover Page**

Project Title:

Category: Basic

Classification: New

Application Number (**THECB USE**):

Applicant Institution

Name:

FICE Code:

Mailing Address:

City, State, Zip:

Project Director

Name:

Phone:

Fax:

E-mail:

Institutional Contact

Name:

Phone:

Fax:

E-mail:

Certification

We hereby certify that the information contained in this application is, to the best of our knowledge, correct and that the institution named above has authorized us as its representatives to obligate this institution. We further certify that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, applications guidelines and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Certifications, Drug-Free Workplace requirements, Special Provisions and Assurances, and the schedules as applicable. We are in full acceptance of the terms and conditions described in the THECB's Federal Grant Agreement for Perkins Basic Grant 2024-2025. It is understood that this application constitutes an offer and, if accepted by the Coordinating Board or renegotiated to acceptance, will form a binding agreement.

Signatures

Name/Title of Chancellor/President or Authorized Designee Signature Date

Name/Title of Chief Financial Officer or Authorized Designee Signature Date

Name/Title of Institutional Contact Signature Date